

Know Me! Preference Form

Please help us gather and share important preference and engagement details by completing and returning the following information .

Apt # _____ First name _____

Activities of Daily Living Preferences:

The most important thing to know:

Food likes / dislikes

Beverages:

Daily Routine:

Grooming:

Showering/bathing

Clothing

Laundry

Activities



Three Questions: What are three questions that would be good conversation starters?

1

2

3



Connections: photos, video messages and video conferencing.

Google photo album URL address:

ZOOM personal ID number

Send videos to info@enrichmentondemand.com



Please select five of the engagement options below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Music of the 1920s | <input type="checkbox"/> Movies: Historical | <input type="checkbox"/> Hobbies: Fishing |
| <input type="checkbox"/> Music of the 1930s | <input type="checkbox"/> Movies: Fantasy | <input type="checkbox"/> Hobbies: Painting |
| <input type="checkbox"/> Music of the 1940s | <input type="checkbox"/> Movies: Comedies | <input type="checkbox"/> Hobbies: Drawing |
| <input type="checkbox"/> Music of the 1950s | <input type="checkbox"/> Movies: Romance | <input type="checkbox"/> Hobbies: Gardening |
| <input type="checkbox"/> Music of the 1960s | <input type="checkbox"/> Movies: Hallmark | <input type="checkbox"/> Hobbies: Quilting |
| <input type="checkbox"/> Music of the 1970s | <input type="checkbox"/> Movies: Documentaries | <input type="checkbox"/> Hobbies: Travel |
| <input type="checkbox"/> Music of the 1980s | <input type="checkbox"/> Classic TV: The 1950s | <input type="checkbox"/> Hobbies: Animals |
| <input type="checkbox"/> Music: Jazz | <input type="checkbox"/> Classic TV: The 1960s | <input type="checkbox"/> Hobbies: Cooking |
| <input type="checkbox"/> Music: Broadway | <input type="checkbox"/> Classic TV: The 1970s | <input type="checkbox"/> Hobbies: Art Museums |
| <input type="checkbox"/> Music: Big Bands | <input type="checkbox"/> Classic TV: The 1980s | <input type="checkbox"/> Hobbies: Hiking |
| <input type="checkbox"/> Music: Country | <input type="checkbox"/> Classic TV: Variety Shows | <input type="checkbox"/> Hobbies: Cars |
| <input type="checkbox"/> Music: Spiritual | <input type="checkbox"/> Classic TV: Sit Coms | <input type="checkbox"/> Hobbies: Dancing |
| <input type="checkbox"/> Music: Calming | <input type="checkbox"/> Classic TV: Police Shows | <input type="checkbox"/> Relaxation: Tropical Fish |
| <input type="checkbox"/> Music: Classic Rock | <input type="checkbox"/> Virtual Travel: US Landmarks | <input type="checkbox"/> Relaxation: Rain |
| <input type="checkbox"/> Music: Soft Rock | <input type="checkbox"/> Virtual Travel: National Parks | <input type="checkbox"/> Relaxation: Ocean Waves |
| <input type="checkbox"/> Movies: Westerns | <input type="checkbox"/> Virtual Travel: Europe | <input type="checkbox"/> Relaxation: Bird Watching |
| <input type="checkbox"/> Movies: Musicals | <input type="checkbox"/> Virtual Travel: Tropical/Beaches | <input type="checkbox"/> Relaxation: Meditation |
| <input type="checkbox"/> Movies: Classics | <input type="checkbox"/> Virtual Travel: Alaska | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Movies: Biographies | <input type="checkbox"/> Virtual Travel: World Travels | |

As power of attorney for _____, I _____ give
 LivGenerations Senior Living permission to share the content from this document with their team members.
 Signed: _____ Date: _____

